

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		/		/			54				
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42				/			92				
43				/			93				
44				/			94				
45				/			95				
46				/			96				
47				/			97				
48				/			98				
49				/			99				
50				/			100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.			10				TOTAL DEP.				
TOTAL CLAIMS			12				TOTAL CLAIMS				